



COMMISSIONER FOR PATENTS  
ALEXANDRIA, VA 22313-1450

**NEW APPLICATION TRANSMITTAL**

Transmitted herewith for filing is the patent application of

Inventors: Old et al

For: CYCLOHEXYL PROSTAGLANDIN ANALOGS AS EP<sub>4</sub>-RECEPTOR AGONISTS

**1. TYPE OF APPLICATION**

This new application is for a

- ☒ Original
- ☐ Divisional
- ☐ Continuation-In-Part (CIP)

**2. PAPERS ENCLOSED WHICH ARE REQUIRED FOR FILING DATE UNDER 37 CFR 1.53(B) (REGULAR) OR 37 CFR 1.153 (DESIGN) APPLICATION**

- 35 Pages of specification
- 9 Pages of claims
- 1 Pages of Abstract
- 6 Sheets of Drawing
- ☒ formal
- ☐ informal
- A copy of the original patent application, including Claims and the Declaration and Power of Attorney

**3. ADDITIONAL PAPERS ENCLOSED**

- ☐ Preliminary Amendment
- ☒ Information Disclosure Statement
- ☒ Form PTO-1449 and references
- ☐ Other: Version with markings to show changes made (1 pg.)

**4. ASSIGNMENT**

- ☒ An assignment of the invention to Allergan, Inc.

**CERTIFICATION UNDER 37 CFR 1.10**

I hereby certify that this New Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service on this date 8/28/2003 in an envelope as "Express Mail Post Office to Addressee" Mailing Label Number EV193718341US addressed to the: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Bonnie Ferguson Date Signed: 8/28/2003  
BONNIE FERGUSON

5. FEE CALCULATION (37 CFR 1.16)

CLAIMS AS FILED						
Number Filed		Number Extra		Rate	Basic Fee \$750.00	
Total Claims	30	-20 =	10	X	\$18.00	180.00
Independent Claims	1	-3 =	0	X	\$84.00	0.00
Multiple dependent claim(s), if any				X	\$280.00	\$ 0.00
[ ]	Amendment cancelling extra claims enclosed.					
[ ]	Amendment deleting multiple dependencies enclosed.					
[ ]	Fee for extra claims is not being paid at this time.					
Fee Calculation						\$930.00

6. DECLARATION OR OATH

[x] Enclosed  
[ ] Not enclosed

7. FEE PAYMENT BEING MADE AT THIS TIME

[x]	basic filing fee	\$930.00
[ ]	additional claims	0.00
[ ]	additional independent claims	0.00
[ ]	multiple dependent claims	0.00
[X]	recording assignment (\$40.00)	40.00
Total Fees		\$970.00

8. METHOD OF PAYMENT OF FEES

\_\_\_\_\_ A check in the amount of \$ \_\_\_\_\_ is enclosed.  
X Charge Account No. **01-0885** in the amount of \$ 970.00.  
X A duplicate of this transmittal is attached.

9. AUTHORIZATION TO CHARGE ADDITIONAL FEES

Commissioner is hereby authorized to charge any following additional fees by this paper and during the entire pendency of this application to Account No. 01-0885.  
 [ x ] 37 CFR 1.16(a), (f) or (g) (filing fees)  
 [ x ] 37 CFR 1.16(b), (c) or (d) (presentation of extra claims)

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DOCKET NO. 17609(AP)  
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of

Old et al

Serial No: Not Known

Filed: Submitted Herewith

For: CYCLOHEXYL PROSTAGLANDIN  
ANALOGS AS EP<sub>4</sub>-RECEPTOR AGONISTS

Group Art Unit: Not Known

Examiner: Not Known

Commissioner for Patents  
Alexandria, VA 22313-1450

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Dear Sir:

Specifically, accompanying this communication please find:

- (a) Postcard
- (b) Certification of Express Mail
- (c) Information Disclosure Statement
- (d) PTO Form 1449
- (e) Copies of Non-Patent References
- (f) Declaration/Power of Attorney
- (g) Assignment Cover Sheet
- (h) Assignment
- (i) New Application Transmittal
- (j) 6 sheets formal drawings
- (k) Application (45 pages)

Date:

8/25/03

Respectfully submitted,

  
Bonnie Ferguson

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